



STATE OF CONNECTICUT
DEPARTMENT OF VETERANS' AFFAIRS
OFFICE OF THE COMMISSIONER
287 West Street
Rocky Hill, Connecticut 06067

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**TESTIMONY OF COMMISSIONER LINDA S. SCHWARTZ,
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Connecticut Department of Veterans' Affairs
Presented to the Select Committee on Veterans' Affairs
March 3, 2009

**SB 1065: AN ACT CONCERNING A PRETRIAL DIVERSIONARY
PROGRAM FOR VETERANS**

Chairman Maynard, Chairman Graziani and distinguished members of the Select Committee on Veterans' Affairs, I am pleased to offer this testimony on SB 1065, *An Act Concerning a Pretrial Diversionary Program for Veterans*, which would establish a mandatory screening process to help divert veterans returning from combat zones who may commit crimes as a result of undiagnosed traumatic brain injury (TBI) or post traumatic stress disorder (PTSD) to existing, alternative justice programs. I would like to thank this Committee and Senator Looney for your interest and leadership on this very vital issue.

I would like to stress that my support of this bill is contingent on its design to utilize *existing, already funded* alternative incarceration and veterans treatment programs available through the Court Support Services Division, Department of Mental Health and Addiction Services, Department of Correction Probation Division, the U.S. Department of Veterans Affairs, and private state providers. As pointed out in this week's national Pew Center Study, by maximizing alternative programs to keep low-risk individuals out of jail, state's can save millions of dollars in corrections costs.

The Connecticut Department of Veterans' Affairs (DVA) first became aware of this problem in November 2007 when we learned that over 40 veterans of Iraq and Afghanistan had problems which had come to the attention of Connecticut's legal and court systems. The number seemed to steadily increase over the holidays and into early 2008. In February 2008, Surgeon General of the Army Lt. General Eric B. Schoomaker met with me and several State Directors of Veterans Affairs in Washington, D.C. and reported that the number of service members from Connecticut faced with these problems had increased to 57. In addition to this number, the DVA has provided direct case

assistance to seven members of the National Guard and Reserve Forces who have encountered problems with substance abuse, driving under the influence, thrill seeking behaviors, domestic violence, suicidal behavior and aggressive confrontations which often included weapons. However, all of these behaviors can be attributed to the difficult transitions back from combat areas and the returning veterans "patterns of readjustment" and "reintegration into community life".

Because America is relying heavily on the men and women of our Guard and Reserve Forces, we will be seeing more and more of these issues arise in the future. For the most part, members of the Armed Forces and their dependents, especially the "citizen-soldiers" of our Guard and Reserves, are no longer housed on Department of Defense installations and are lacking the vast array of services and programs enjoyed by previous generations of service members. In this transition to deploy the men and women of our Guard and Reserve, policymakers did not take into account that there would be new needs and expectations that do not quite "fit" into the military model that exists today. We have yet to know the full consequences and long-term effects of multiple deployments in relationship to family stability, successful return to the community and future recruitment potential. Transitioning in and out of family life is not only difficult for the military member, the family including spouse, children, parents, siblings and/or significant others are traumatized as well. Readjusting to life in Connecticut after being in combat zones is indeed a great source of stress and challenge.

This is not happening on a remote site or military base, this time we read about our neighbor next door, the young woman who teaches kindergarten, our friend from school or church. In essence, the war has come to every town and city in America but it is often invisible until a crisis or tragedy surfaces to remind us that the cost of war does not end on the battlefield. Just as our military has changed, we must accept the realities that vast system changes in support of the military and their families are in order.

I am acutely aware that the veterans returning home now are very different than the veterans of my generation or my father's World War II generation. PTSD issues have been legitimized since the Vietnam War and now the current generation of veterans has brought the issue of TBI to the forefront. The rapid transition from combat and the military to community and family is a challenge



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that sometimes overwhelms even the most solid citizen. PTSD and TBI complicate the return to civilian life with issues of decompression from living on the edge for months at a time. We hear of veterans who drive at excessive speeds much like they did to stay alive in Iraq. Skills and training that kept them alive in combat areas including "adrenalin rush" can sometimes be duplicated with thrill seeking behaviors which are also violations of the law. Symptoms of TBIs and the residual deficits can range from profound, easily recognized problems to subtle difficulties with perceptions, judgments, memory and concentration. We now know that early interventions and therapeutic treatment and rehabilitation are offering returning veterans a better quality of life and the chance to reach their highest level of function and productivity.

When this problem first came to my attention, General Dan McHale, Connecticut's Transitional Assistance Advisor, and I met with Commissioner Tom Kirk at DMHAS to discuss options. We also consulted with Chief Public Defender Susan Storey, Chief Court Administrator Barbara Quinn and the Chief State's Attorney Kevin Kane. In addition to these individuals, I also spoke with Mr., Roger Johnson, Director of the Federal VA Health Care System and Dr. Rorabach, Chief of Psychiatry at VA Connecticut and Donna Hryb from the VA Vet Center Program. All were very supportive of this concept and believed that it was possible to implement a jail diversion program for veterans. We were advised that the most important link in assisting veterans was to identify them at the grassroots level of law enforcement and the community.

We also addressed the Connecticut's Police Chief Association and distributed information on special needs of returning veterans to help increase awareness of law enforcement officers in every municipality in the state. We also reached out to the Connecticut Bar Association to make them aware of the need to ask their clients if they had served in the military. Additionally, we were able to provide the same resource information for distribution to Connecticut State Troopers. We also worked with the Christian Conference of Connecticut and presented workshops on the needs of returning veterans for members of the clergy and pastoral counselors.

We know that the need is real and that Connecticut has the resources and the infrastructure to provide treatment programs that can meet both the needs of veterans and the standards of the Judicial

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System. We have helped raise the awareness of the unique experiences and service of returning veterans. However, SB 1065 has the potential to protect the veteran and the rights of the citizens of our State. As a veteran of the Vietnam War, I see the proposal's collaborative efforts by law enforcement, the courts and the providers of support services for veterans as offering pragmatic and fair alternatives to incarceration that include provisions to address both the violation of the law and treatment interventions that take into consideration to the service these men and women have rendered to our nation.

On November 10, 2008, Governor M. Jodi Rell announced that Connecticut had received a five-year federal grant from the Center for Mental Health Services for a new community-based treatment program to help veterans who may be at risk for involvement in the criminal justice system as a result of PTSD or TBI injuries received in combat. This grant program, being administered by the Department of Mental Health and Addictions Services (DMHAS) and piloted in New London County, is designed to divert veterans who have committed minor crimes from jail to community service which will further enhance the program outlined in SB 1065. However, the bill before you provides comprehensive guidance for the Judicial System throughout the State to establish a Pretrial Diversion program which will help fast track alternatives to help meet the needs of veterans facing possible incarceration today.

I believe America is never going to return to the past practice of large military bases and consolidated facilities. The Reserve and Guard Forces will continue to be a vital part of our Nation's defense posture. We know that over 16,500 Connecticut residents have been deployed to combat since September 11, 2001. We have no idea how many more men and women will be called upon to serve. In response to these new times, those of us involved with providing services to military members, veterans and their families are pioneering new support systems and programs which will serve our State well now and in the future.

There is no question that the need for a "veteran court" concept is real and will continue to grow. There are many positive and well-designed components of this bill which will be able to be met through increased agency cooperation and within existing program and agency budgets. The establishment of a standard program throughout the Connecticut Judicial System that treats the



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unseen wounds of war as an alternative to incarceration is critical – and will ultimately result in budgetary savings to the State of Connecticut. The Pretrial Diversionary Program for Veterans and the DMHAS pilot grant will give the veterans of today an opportunity for a better life while serving the welfare of the public.

We have learned a great deal from the mistakes of the past. Vietnam veterans who did not receive the benefit of a program like this have faced decades of struggles and legal problems. By establishing a “veteran court” system, Connecticut will join the states of Alaska, Colorado, New York and Pennsylvania in providing a pragmatic and cost effective program that will offer the men and women who have served this country the opportunity for treatment they deserve without compromising the safety of the citizens we serve.

Thank you for your consideration of support of this legislation and I would be happy to address any questions that you may have.

